

Foster Family Home - Corrective Action Report

Provider ID: 1-190029

Home Name: Julienette Lacar, CNA

94-732 Kaaka Street

Waipahu

HI 96797

Review ID: 1-190029-2

Reviewer: Maribel Nakamine

Begin Date: 1/21/2020

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification completed.
Corrective Action Report issued during home inspection with all items due to CTA by 2/21/2020.
6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#1 expired on 11/7/19 and renewed on 12/10/19.

Foster Family Home Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No training done on confidentiality and privacy rights for CG#3 and CG#4.

Foster Family Home Personnel and Staffing

[11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- No annual in-service training for the past 12 months for CG#1, CG#2, CG#3 and CG#4.

Foster Family Home Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegation performed for Client #2 for CG#2, CG#3, and CG#4 on Basic Skills, Oral/PRN medications, and Foley Catheter Care.

Foster Family Home - Corrective Action Report

Foster Family Home

Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a)- No fire drill conducted by CG#3 and CG#4 for the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

- 47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

- 47.(c)- No list of medications side effects seen in Client #1's chart/binder.

- 47.(e)- No RN delegation/training for minced diet on Client #1 for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

- 50.(a)- No emergency preparedness management plan training done by CG#1 for CG#2, CG#3, and CG#4. Signature page is blank.

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

- 54.(c)(5) Medication schedule checklist;

Comment:

- 54.(c)(2)- No Service Plan seen in Client #1's binder/chart.

- 54.(c)(5)- Medication discrepancies noted for Clients #1 and #2.

For Client #1- one medication was administered as daily; MD order and bottle labeled as every other day. There were 2 medications that do not match MD order, Medication Administration Record, and bottles' labels.

For Client #2- one medication was administered as daily; MD order and bottle labeled as every other day.

Thaibek Nakawire, RN

Compliance Manager

Julian

Primary Care Giver

1/21/2020

Date

01-21-2020

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Jullienne Lacar

CCFFH Address: 94-732 Kaaka Street Waipahu, Hawaii 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------------------|---|
| 8.(a)(2) | PCG#1 showed CTA Compliance Manager the current APS/CAN for CG#1 result during home inspection. Document filed in home binder | 01/21/20 | Home will use calendar easily accessible to schedule due dates 2 months in advance to prevent future lapses. Schedule is also posted in front of home binder. |
| 16(b)(5) | CG#3 and CG#4 were trained on confidentiality and privacy rights. Documents filed in home binder | 01/24/20 | In the future, will set training day and time that will be conducive to all caregivers not later than 10 days of being added to the home |
| 41(c) | Annual inservice trainings were obtained for CG#1, CG#2, CG#3 and CG#4. Certificates was filed in the home binder. | 01/24/20 to 02/07/20 | Home will look out and inquire for available in-service training in the community and on-line all through out the year and notify each caregivers. |

Primary Caregiver's Signature: Jullienne Lacar

Print Name: JULIENNETTE LACAR Date of Signature: 02-12-2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: JULIENETTE LACAR

CCFFH Address: 94-732 KAGKA ST. WAIKAI, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|--------------|---|----------------------------|--|
| 43(c) (3) | RN delegation was done for CG#2, CG#3 and CG#4 on basic skills, oral/PRN medications and Foley catheter care for Client #2. Signed RN delegations form were filed in clients chart. | 02/01/20 | Home will notify client's Case Management Agency that RN delegation needs to be done/performed within 10 days of new caregivers added to the home. Home will also review with monitoring RN all due dates every visit. |
| 46(a) | Fire drill was conducted by CG#3 on 01/24/2020 and CG#4 on 02/01/2020. Forms were filed on home binder. | 01/24/20 to 02/01/20 | Home will schedule fire drills for each caregivers at least once a year. Schedule for each caregiver is posted on a calendar in front of the refrigerator so all parties are aware. |

Primary Caregiver's Signature: Julienette LACAR

Print Name: JULIENETTE LACAR

Date of Signature: 02-12-2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: JULIENETTE LACAR

CCFFH Address: 94-732 KAKA ST. WAIKANA, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|--|
| 47(c) | Home looked for all drug literature of all medications. Kept it in client's chart and reminded all caregivers to read and know each medications side effects. | 01/27/20 | In the future, home will keep in file all drug literature of client's new medication. If drug literature is not available, home will google side effects or drug literature of each medication and will print out to be filed in clients binder. |
| 47(e) | RN delegation was performed by CMA RN for minced diet on client #1 for CG#1, CG#2, CG#3 and CG#4. Signed form was filed in client #1's chart. | 02/04/20 | Home will inform clients CMA that RN delegation needs to be performed within 10 days after new caregivers are added those. CG#1 will review every visit of monitoring RN all RN delegations for all caregivers. |

Primary Caregiver's Signature: Julianne

Print Name: JULIENETTE LACAR Date of Signature: 02-12-2020

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: JULIENETTE LACAR

CCFFH Address: 94-732 KAGICA ST. WAIPAHU, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|--------------|---|----------------|---|
| 50(a) | Emergency preparedness management plan training was done for CG#1, CG#2, CG#3 and CG#4. All signed form and filed in home binder. | 01/22/20 | Will set training day that will be conducive to CG#1 and all caregivers within 10 days of adding them to home. |
| 54(c) (2) | Notified client's Case Management Agency that service plan was missing for client #1. Client's Case Management Agency RN provided a service plan for client #1 and reviewed and explained it to CG#1 and to all other caregivers. | 01/27/20 | In the future, home will double check all documents of client upon admission and during monthly visit of monitoring RN. |

Primary Caregiver's Signature: Julienne

Print Name: JULIENETTE LACAR Date of Signature: 02-12-2020

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: JULIENETTE LACAR

CCFFH Address: 94-732 KAAKOA ST. WAIKAPU, HI 96797

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|--------------|--|----------------|--|
| 54(c) (5) | Medication discrepancy was corrected by CG#1 and reminded all caregivers to double check all medication and reconcile it with MAR. Notified client's Case Management Agency, client's MD and client's family with the discrepancy. | 01/22/20 | Home will double check with other caregivers and with client's monitoring RN all clients medications. Home will highlight MAR all clients medication that are administered every other day. Home will also notify clients Case Management Agency to update clients MAR if clients has new medications. |

Primary Caregiver's Signature: Julia L

Print Name: JULIENETTE LACAR

Date of Signature: 02-12-2020